



Offline WALK Registration Form

Please fill out and print **ONLY** if you are not registering through our recommended online registration/donation site.

To register online go to: www.hydroassoc.org/walk then search or find your local WALK from the list of locations.

If you are registering a team offline, please fill out the personal information and waiver for all team participants and mail this form to: **Hydrocephalus Association, 9249 S. Broadway, #200-845, Highlands Ranch, CO 80129 - ATT: Site/City WALK**

*Signifies required information

*First Name

*Last Name

Team Name (if applicable)

*Email

*Phone

*Address Line 1

Address Line 2

*City

*State

*Postal Code

How did you hear about us?

*What is your connection to the mission? Do you have hydrocephalus?

If yes, what is your date of birth?

If yes, at what age were you diagnosed?

WAIVER: *I, for myself, my heirs, and executors, in consideration for any participation in the Hydrocephalus Association (HA) WALK, hereby release and hold harmless the Hydrocephalus Association and others connected with the event, including municipalities, sponsors, and their agents, from any and all claims, injuries or health issues which I may suffer in connection with the event. I give my consent to use my name, likeness, voice, or biographical information and any photos, recordings, or videotapes taken or any other publicity including me at the event. I also give my permission for this information to be shared with the Hydrocephalus Association.*

I have reviewed and accept these terms and conditions. (must be signed by parent or legal guardian if participant is under age 18)

*Signature: _____ *Date

REGISTRATION FEES:

No registration fees apply; however HA WALKs are fundraising events and participants are encouraged to collect donations from family and friends. Walkers raising \$75 or more qualify for the WALK T-shirt (to be distributed at the WALK, sizes available on a first come-first served basis.) Walkers raising more than \$250 qualify for another recognition gift. (For a list of current WALK recognition gifts please contact HA at walk@hydroassoc.org.)

Note: T-shirts and other incentive prizes are earned by the walker, not by the team. WALK participants qualifying for recognition gifts will receive their redemption email 4-6 weeks after the WALK. It will come from Thankyou@hydroassoc.org. If you do not receive your recognition gift email check your spam filter! Our recognition program is designed to thank individual fundraising efforts. Team totals have no impact on recognition levels earned.

MATCHING GIFT INFORMATION: If your company participates in matching gifts please see your HR department for next steps. Please list your company name and your contribution amount along with your expected match.

*Please contact the Hydrocephalus Association (matchinggifts@hydroassoc.org) for further information on matching gifts. Matching gifts do count toward totals for incentive prizes, provided the matching gifts are received by December 31st.

*Company Name

*Your Contribution \$

Contribution Date

*Matching Gift Amount Expected \$

Individual Walker Fundraising Goal \$

Team Fundraising Goal (if applicable) \$

GROUP WAIVER (for team/family registration):

I, for multiple registrants listed below, our heirs, and executors, in consideration for any participation in the Hydrocephalus Association (HA) WALK, hereby release and hold harmless the Hydrocephalus Association and others connected with the event, including municipalities, sponsors, and their agents, from any and all claims, injuries or health issues which we may suffer in connection with the event. I give my consent to use our names, likeness, voice, or biographical information and any photos, recordings, or videotapes taken or any other publicity including us at the event. We also give permission for this information to be shared with the Hydrocephalus Association.

I have reviewed and accept these terms and conditions for the team members listed below. (Must be signed by parent or legal guardian if participant is under age 18)

*List team members you are signing on behalf of

*Signature: _____ *Date

(Team captain's or family leader's signature)